

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Greg Smith

Mailing Address 13802 Fairway Lane

City State Zip Code
 Goshen KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline HealthCare Company

Occupation

LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : C1644850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Craig Souza

Mailing Address 5109 Bur Oak Cir

City State Zip Code
 Raleigh NC 27612-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Health Care Facilities

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : C1654845

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

c. Dixie Taylor-Huff

Mailing Address 6025 Highway 231 S

City State Zip Code
 Castalian Springs TN 37031-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quality Care Health Center

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : C1644856

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2600.00